



**KENTUCKY BOARD OF
EMERGENCY MEDICAL SERVICES**
COMMONWEALTH OF KENTUCKY
2545 LAWRENCEBURG ROAD
FRANKFORT, KENTUCKY 40601
PHONE: 502-564-8963
FAX: 502-564-4687



Vehicle Replacement Form
(Please Print or Type)

Date of Request:

License #: _____

Service Name: _____
(As it appears on your Kentucky Ambulance Provider License)

- Please list the Vin #, Make, Model, Year and Unit # of truck(s) that is (are) being added for replacement:

- Please list the Vin #, Make, Model, Year and Unit # of truck(s) that is (are) being replaced:

Person Requesting Vehicle Replacement: _____

Signature: _____

Cost for Addition of New Vehicle:

At Your Location: \$100.00

At Inspector/Advisors Location: \$50.00

Please fill out this form in its entirety and return with check or money order to:

Kentucky Board of Emergency Medical Services
Attn: Tina R. Spradlin
2545 Lawrenceburg Road
Frankfort, Kentucky 40601